ALLOWANCE OF VOUCHERS

| I HEREBY CERTIFY THAT EACH OF THE ABOVE | LISTED VOUCHERS AND THE INVOICES, OR BILLS ATTACHED THERETO, |
|--|--|
| September 10 , 2010 | SAME IN ACCORDANCE WITH IC 5-11-10-1.6. JUDITH C. RHODES FISCAL OFFICER |
| WE HAVE EXAMINED THE VOUCHERS LISTED ON | THE FOREGOING ACCOUNTS PAYABLE VOUCHER REGISTER, CONSISTING OF |
| PAGES, AND EXCEPT FOR VOUCHERS NOT AL | LOWED AS SHOWN ON THE REGISTER SUCH VOUCHERS ARE HEREBY ALLOWED |
| IN THE TOTAL AMOUNT OF \$ 1,674.00 | DATED THIS 10th DAY OF September 2010. |
| APPROVED BY STATE BOARD OF ACCOUNTS IN 2 | 001 FOR CITY OF WEST LAFAYETTE |
| | |
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| Track Control Advanced Control | |
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| #HHHydrian bankin and active account defined the PANA PANA | |

9/10/10 2:10:24

ACCOUNTS PAYABLE VOUCHER REGISTER

BDA45/KATHY PAGE 1

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 9/10/10 - 9/10/10

| CHECK | VOUCHER VENDOR NAM | <u> </u> | DUE DATE | | | | | | | AMOUNT |
|-------|--------------------|--|---------------|-------------------|---------|-----|---------|-------------------------------------|----------------------|----------|
| PO # | INVOICE NUMBER | E NUMBER DESCRIPTION FND PROGRAM OBJECT CC A | ACCOUNT TITLE | VOUCHER AMOUNT | ALLOWED | | | | | |
| 2237 | 2237 JASON BURKS, | FLEX ACCOUNT | 9/10/10 | | | | | | | |
| | FLEX PLAN | FLEX PLAN DEPENDE | NT 819 | 819.00 | .00 | 0 F | LEXIBLE | PLAN DEPENDENT CARE CHECK AMOUNT | 1,674.00 1,674.00 | 1,674.00 |
| | | | | PRE-WRITTEN TOTAL | | | | 1,674.00 | | |
| | | | | GRAND TOTAL | | | | | 1,674.00 | |

9/10/10 2:10:24 FUND SUMMARY

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CITY OF WEST LAFAYETTE

FUND DESCRIPTION VOUCHER TOTAL

819 FLEXIBLE PLAN DEPENDENT CARE 1.674.00

GRAND TOTAL 1.674.00